

**CARROLLTON PARKS, RECREATION, AND CULTURAL ARTS DEPARTMENT
PERSONAL HISTORY RELEASE AND BACKGROUND INVESTIGATION CONSENT FORM
(ADM 33)**

I, _____, do hereby authorize the Carrollton Parks, Recreation, and Cultural Arts Department, (hereinafter referred to as recreation department), and its agents to make an independent investigation of my background, references, character, past employment, education, criminal or policy records, including those maintained by both public and private organizations and all public records for the purpose of confirming any and all information given or contained in any application and/or other document furnished by the undersigned to the recreation department, and/or obtaining other information which may be material.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly in whole or in part upon this release authorization will be considered in compiling any report for the Carrollton Parks, Recreation, and Cultural Arts Department, I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release will be as valid as an original therefore even though the said photocopy does not contain an original writing of my signature.

I understand that this information may be obtained through the use of this waiver at any time during which my employment/volunteerism is maintained with the Carrollton Parks, Recreation, and Cultural Arts Department.

I, _____, release the recreation department and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regards to the information from any and all of the above referenced sources used.

The following is true and completes legal name and all information is true and correct to the best of my knowledge:

PRINTED NAME

SIGNATURE

SOCIAL SECURITY # DATE OF BIRTH

___EMPLOYEE ___VOLUNTEER

ADDRESS

CITY STATE ZIP

RACE SEX

CPRCAD STAFF

OFFICIAL POLICY USE ONLY

The background check revealed:

Signed, Carrollton Police Dept.